

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90107 027 \*\*\*\*61.25

**DOCUMENT # N99000001710**

1. Entity Name

**SANDCASTLES AT DORAL HOMEOWNERS' ASSOCIATION, IN**

Principal Place of Business

Mailing Address

9582 SW 40TH ST., OFFICE #3  
 MIAMI FL 33165

9582 SW 40TH ST., OFFICE #3  
 MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

**300 ARAGON AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FL**

4. FEI Number

**65-0910202**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33134**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAINZOS, ROGELIO**  
**300 ARAGON AVE**  
**205**  
**MIAMI FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PINO, SERGIO</b>
STREET ADDRESS	<b>901 SW 69TH AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33144</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MENENDEZ, JUAN CARLOS</b>
STREET ADDRESS	<b>9582 SW 40TH ST., OFFICE #3</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NAVARRO, BERNIE</b>
STREET ADDRESS	<b>2101 NW CORPORATE BLVD., STE. 102</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<b>PST</b> <input type="checkbox"/> Delete
NAME	<b>MENENDEZ, JUAN C</b>
STREET ADDRESS	<b>9582 SW 40TH ST., OFFICE #3</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/21/01**

Date

**305 226 6728**

Daytime Phone #

CR2E037 (10/00)